



DOCKET FILE COPY ORIGINAL

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ACCEPTED/FILED

October 23, 2013

OCT 23 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

Federal Communications Commission
Office of the Secretary

RE: WC Docket Nos. 10-90 and 11-42
Annual Report Pursuant to 47 C.F.R. §§ 54.313 and 54.422

Dear Ms. Dortch:

Bristol Bay Telephone Cooperative (“Bristol Bay”), by its authorized representative, files its FCC Form 481 - Carrier Annual Reporting Data Collection Form (“Form 481”) in compliance with 47 C.F.R. §§ 54.313 and Section 54.422. The Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

Pursuant to the Protective Order released November 16, 2012 (FCC Record DA 12-1857), and in accordance with the Commission's confidentiality rules, Bristol Bay here submits redacted public paper copies of its Form 481 before the Commission. Bristol Bay also submits, under separate cover, confidential unredacted copies of its Form 481. The financial information in the Form 481 is competitively sensitive and is not normally released to the public.

A copy of Bristol Bay's Form 481 has also been submitted to the Regulatory Commission of Alaska pursuant to §§ 54.313(i) and 54.422(c). Please contact me if you have any questions.

Regards,

George Foote
Attorney for Bristol Bay Telephone Cooperative

Attachment: FCC Form 481 Carrier Annual Reporting Data Collection Form
cc: Bristol Bay Telephone Cooperative

No. of Copies rec'd 04
List ABCDE

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3000-0096 / OMB Control No. 3000-0013 July 2012
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<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Todd A. Hoppe
<035> Contact Telephone Number: Number of the person identified in data line <030>	907-246-3403
<039> Contact Email Address: Email of the person identified in data line <030>	manager@bristolbay.com

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OCT 23 2013
 Federal Communications Commission
 Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS	S4.313	S4.422	
	Completion Required	Completion Required	

<100> Service Quality Improvement Reporting	(complete attached worksheet)		
<200> Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	✓	
<310> Detail on Attempts (voice)	(attach descriptive document)	✓	
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		✓	
<410> Fixed			
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510> 613003ak510	(attach descriptive document)	✓	✓
<600> Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610> 613003ak610	(attach descriptive document)	✓	✓
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	✓	
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)		
<2005>	(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	✓	
<3005>	(complete attached worksheet)	✓	

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 613003
 <015> Study Area Name BRISTOL BAY TEL COOP
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Todd A. Hoppe
 <035> Contact Telephone Number - Number of person identified in data line <030> 907-246-3403
 <039> Contact Email Address - Email Address of person identified in data line <030> manager@bristolbay.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5
 <111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code

613003

<015> Study Area Name

BRISTOL BAY TEL COOP

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Todd A. Hoppe

<035> Contact Telephone Number - Number of person identified in data line <030> 907-246-3403

<039> Contact Email Address - Email Address of person identified in data line <030> manager@bristolbay.com

<220>

<a>

<b1>

<b2>

<b3>

<b4>

<c1>

<c2>

<d>

<e>

<f>

<gg>

<h>

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	613003
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<015>	Study Area Name	BRISTOL BAY TEL COOP
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<020> Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
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<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
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<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com
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<711>

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com
<810>	Reporting Carrier	Bristol Bay Telephone Cooperative, Inc
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<910>	Tribal Land(s) on which ETC Serves	Aleknagik Clarks Point Curyung Ekwok Manoktak Ekwok Igiugig King Salmon Levelock Naknek New Koligankek New Stuyahok South Naknek
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<920>	Tribal Government Engagement Obligation	613003ak920
		Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	613003AK1210
	Name of attached document (.pdf)	

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0988/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

ECC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)
(3012)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3013)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3014)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	613003ak3017
(3015)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3016)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3017)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3018)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3019)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	Borrowers, Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3021)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3022)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3023)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	613003AK3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0839 July 2013
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<010> Study Area Code	613003
<015> Study Area Name	BRISTOL BAY TEL COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	BRISTOL BAY TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/14/2013
Printed name of Authorized Officer:	Todd Hoppe
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	9072463403
Study Area Code of Reporting Carrier:	613003 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0219 July 2013
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<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	PGC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	613003
<015>	Study Area Name	BRISTOL BAY TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com
<810>	Reporting Carrier	Bristol Bay Telephone Cooperative, Inc
<811>	Holding Company	
<812>	Operating Company	

[illegible]

Bristol Bay Telephone Cooperative

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Bristol Bay Telephone Cooperative (“BBTC”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, BBTC:

- Discloses rates and terms of its voice services to customers.
- Provides contract terms to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Complies with the service standards promulgated by the State of Alaska.

Bristol Bay Telephone Cooperative

Line 610 – Functionality in Emergency Situations

REDACTED – FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative
Bristol Bay Cellular Partnership

Line 910-929: Tribal Lands Reporting

REDACTED – FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative

Line 3017 – Rate of Return Data

REDACTED – FOR PUBLIC INSPECTION